

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 901

Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 29, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John C. Bergmann

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 48 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, School Keeper
Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 44 years

Place of Death, { Give Street and Number. } S. E. Cor. Howard & Conway Sts.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Gastritis
Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 31st

Undertaker, F. W. Toll

R. J. N. Tall, M. D.

Medical Attendant.

Place of Business, 421 Hanover St. Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 902 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, July 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Crowley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 9 Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } Home of the Foundling

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 3rd 1887

{ Undertaker, Wm Weaver } Spatterson M. D.

{ Place of Business, 738 N Eutaw St } Address, Dr Castellana

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 703

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. A 903 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. David Blay

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, 62 Years, 2 Months, — Days

Color, colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation, Houseman

Birthplace, State or country, and how long in the United States, if of foreign birth. Howard Co. Md.

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, Give street and Number. 820. Raborq St.

Cause of Death, First (Primary). Bright's Chronic
Second (Immediate). Lumbar abscess & Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician

Place of Burial, Howard Cemetery

Date of Burial, July 5th 1887

Undertaker, E. W. Chase

W. H. Thomas M. D.
Medical Attendant.

Place of Business, 641 Howard St. Address, Gold St. & Penn. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

904

Office of Registrar of Vital Statistics.

Ward

8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sadie M. Pletz

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

8

Months,

28

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give Street and Number. }

1033. Muldise st

Cause of Death,

{ First (Primary),

Second (Immediate),

Meningitis
Drostration

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

Louisa Park

Date of Burial,

5 of July

{ Undertaker,

Harry W. W.

{ Place of Business,

Henrietta 112

Address,

48 S. Taca st.

J. S. Buddenbom M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 905 Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 4th. July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ema Lohoe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give Street and Number. }

N. Caroline St. 216

Cause of Death, { First (Primary), Second (Immediate), } Arteriosclerosis and Hydrocephalus chronic.

Duration of Last Sickness, During lifetime

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centre.

Date of Burial, July 6 1887.

William Hendel M. D.

Undertaker, H. Hoffmann

Medical Attendant.

Place of Business, 211 N. E. St. Address, S. Walcott 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 906 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Keen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 16 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 205 S. Euter

Cause of Death, { First (Primary), Second (Immediate), } Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's

Date of Burial, July 5, 1887

{ Undertaker, Martin Fahey } Geo. D. Reynolds M. D. Medical Attendant.

{ Place of Business, 128 Townsend } Address, 711 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *707*

Office of Registrar of Vital Statistics.

Ward *15*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *July 3, '87*

Full Name of Deceased, *Gen. Johnson*
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Male*
{ Cross out the word not required in this line. }

Age, *39* Years, _____ Months, _____ Days.

Color, *Dark*

Married, Single, Widow or Widower, *Single*
{ Cross out the words not required in this line. }

Occupation, *Butcher*

Birth Place, *823 Leadenhall St. New York*
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Over 10 years*

Place of Death, *823 Leadenhall St.*
{ Give Street and Number. }

Cause of Death, *Consumption*
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Laural cemetery*

Date of Burial, *July 5th 1887*

Undertaker, *Herold Ross*

Place of Business, *404 Broadway* Address, *Cor. Columbia St.*

J. Zyl Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 908

Office of Registrar of Vital Statistics.

Ward 16

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Highland Davis

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 8 Years, 14 Months, 14 Days.

Color, Dark

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Boatman Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 540 Bingham St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Convulsions

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauracemetery

Date of Burial, July 5th 1887

Undertaker, Herchus Ross

Place of Business, 404 Conway St.

J. Tyler Smith M. D.
Medical Attendant.

Address, Cor. Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 909

Office of Registrar of Vital Statistics.

Ward

3

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, July 3^d 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Klingworth.

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, Sixty Six 66 Years, Months, Days

Color, White

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Retired Peeper.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bremen Germany.

Duration of Residence in the City of Baltimore, About forty five 45 Years

Place of Death, { Give Street and Number. } No 1824. E Pratt St. Baltimore

Cause of Death, { First (Primary), Second (Immediate), } Hepatitis with Jaundice. Jaundice with Exhaustion.

Duration of Last Sickness, about 9 Months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, July 5th M. C. Van Bibber M. D.

Undertaker, W. Appel Medical Attendant.

Place of Business, 330 S Bond St. Address, 26 W Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

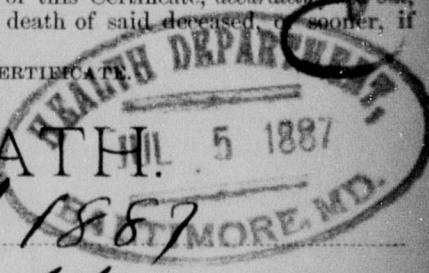
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 919 Office of Registrar of Vital Statistics. Ward 12th

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Kate Chase

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, 11 Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, 11 Mo

Place of Death, { Give Street and Number. } 431 W. Biddle St

Cause of Death, { First (Primary), Second (Immediate), } Hanging Cough
Chlora Infantum

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1887

Undertaker, H. W. Bobb J. A. Gilliss M. D.
Medical Attendant.

Place of Business, 97 Duval St Address, 431 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]